pelvis deformed by osteomalatia yielded so as to admit the passage of the child during labour.—*Ibid.*

63. *Malposition of the Uterus as an impediment to Labour.*—Dr. Perfetti attended a woman in labour who had complete procidentia of the uterus. She had suffered more or less from prolapsus uteri ever since she was fifteen years old, and on any great exertion the organ appeared externally. Having become pregnant at the age of twenty-two, she was relieved from her ailment until the seventh month of utero-gestation, when it began to return; at the beginning of the eighth month the uterus reached more than six fingers' breadth beyond the external parts, and during labour it projected still further. After being four days in labour, Dr. Perfetti visited her, and found the os uteri so hard and undilatable as to require incisions to be made into it. He then introduced the forceps into the uterus, and extracted the child. The mother recovered, but the prolapsus of the uterus rendered it necessary for her to wear a pessary. Dr. J. Ledesma, of Salamanca, has recorded the history of a woman, aged forty-two, the mother of six children, who was affected with inguinal hernia on the right side. In the third month of her seventh pregnancy the hernial swelling suddenly increased in size; and continued progressively to enlarge up to the period of labour, utero-gestation being undisturbed by this accident. When labour began, the hernial tumour measured twenty-four inches in length, and twenty-six in circumference at its broadest part; its base reached to the crural arch, and its weight had drawn the right labium considerably downwards. When labour-pains came on, which were attended with a slight discharge of liquor amnii from the vagina, an incision was made into the tumour, and a living female child, twenty-two inches in length, was extracted. The patient would not submit to the division of the adhesions by which the uterus was confined to its abnormal position, and consequently the hernia was not reduced. In forty days from the date of the operation, the patient was sufficiently well to attend to her household duties. [This case is very similar to that which recently occurred to Dr. Fischer, of Berne, mention of which is found in many of the English journals, except that Dr. Fischer's patient died. References to other similar cases will be found in Busch, Geschlechtsleben des Weibes, iii Band, Seite 647.]—*Ibid.*

64. *Rupture of the Uterus terminating favourably.*—Four cases of this have lately been recorded in which the patients recovered.* Dr. Mitchell's patient was thirty-eight years old, and the mother of six children. From the sixth month of pregnancy she had suffered very severe pain at the lower part of the abdomen. Labour proceeded favourably for the first twelve hours, when sudden collapse and vomiting occurred. The patient was delivered by the crotchet, and it was then found that a rupture existed at the anterior part of the cervix uteri. Extreme irritability of the stomach, and very intractable diarrhœa were the most prominent symptoms that followed her delivery. Opium was given in large and frequently repeated doses, both by the mouth and enemata, and on the thirty-first day after her delivery, she was sufficiently recovered to be removed to her own home. M. Castelly performed gastrotomy on his patient three hours after the rupture of the uterus had occurred, and extracted the placenta, as well as the child, through the wound. Severe metro-peritonitis followed the operation, but the patient ultimately recovered. Six months afterwards she menstruated; and nine months afterwards aborted at the third month. The accident to Dr. Vaulpré's patient appears to have been produced by repeated unsuccessful attempts to deliver with the long forceps. Dr. Van Cauwenberge's patient had undergone the Cæsarian section fourteen months before. When in the seventh month of pregnancy labour-pains came on; symptoms of ruptured uterus occurred, and the child passed into the abdominal cavity. The exhausted condi-

* Dr. Mitchell, Dublin Journal of Med. Science, Jan. 1843. M. Castelly, Bull. de l'Acad. Roy. de Méd Sept. 30, 1843. D. Vaulpré, Gaz. Méd. Mars 18, 1843. Dr. V. Cauwenberge, l'Expérience, Nov. 18, 1843.

tion of the woman appeared to forbid all interference, but between the fifteenth and twentieth day after the accident happened, the cicatrix of the abdominal integuments gave way, and a putrefied fœtus, with its appendages, was extruded. M. Danyau recommends that the suture should be applied in cases of laceration of the perineum, immediately on the occurrence of the accident, instead of waiting till the patient has recovered from her labour, when it would be necessary to refresh the edges of the wound before applying the suture. The authority of M. Roux is directly opposed to M. Danyau's plan; but M. Danyau asserts that the degree of tumefaction which follows a rent of the perineum has been exaggerated, whilst the suture tends to diminish it, and if proper attention be paid to the introduction of the catheter, and the frequent use of vaginal injections, neither the lochiæ nor the urine will seriously interfere with the healing of the wound. On the other hand, if the operation be delayed, it becomes almost impossible to bring the edges of the wound into contact. In support of his opinion he relates six cases; in five of which the perineum was torn up to, but not into the sphincter, and the operation was successful; in the sixth, the sphincter too was involved, and there was considerable ecchymosis about the edges of the wound. The operation, in this instance, failed, sloughing of the parts having taken place on the fourth day after delivery.—*Ibid.*

65. *Turning in Arm Presentations.*—Dr. Hutter, of Marburg, has written a lengthy paper, in which he recommends turning to be practised without rupturing the membranes, in some cases of arm presentation. The operation is much the same as that practised by Michaelis, when prolapsus of the cord occurs, and consists in the introduction of the hand between the uterus and the membranes, until the operator reaches the feet, knee, or other part, when, without rupturing the membranes, it will be extremely easy to turn the child. He practised this manœuvre in five cases, but in three the same person was the subject of the operation. In four of the five cases the child was saved, and in one instance the mother had previously lost two children by the ordinary mode of turning. He recommends this practice as disturbing the ordinary course of labour much less than the usual mode of turning, since the rupture of the membranes is left to nature, and the case may be afterwards managed as if the presentation had been natural from the beginning. The whole quantity of the liquor amnii being available in this operation, its performance is greatly simplified, while it has the further advantage of avoiding the prolapse of the cord, or of admitting of its reposition, should that accident have occurred. He denies that the uterus would be much irritated by this proceeding, and asserts that the membranes would be stretched, and forcibly separated from the uterus, or the placenta partially detached, only, if the operation were attempted before the os uteri is sufficiently dilated, or if the membranes were morbidly adherent, while auscultation would always be an adequate guide to the situation of the placenta. [These arguments do not appear by any means conclusive; the various favourable circumstances which, according to Dr. Hütter, warrant the operation, are not found often to coincide, and the hazard of detaching the placenta is probably much greater than he represents it to be. His assertion, too, that auscultation would invariably guide to the situation of the placenta is incorrect, for in one hundred and eighty out of six hundred cases, in which it was resorted to by Naegele, or in thirty per cent., it was not possible to determine the seat of the placenta.]—*Ibid.*

66. *Partus siccus.*—A case of this is detailed by M. Matthysen, in which the patient was delivered of her first child after a quick labour, but in which no discharge of liquor amnii either preceded or followed its birth. The placenta came away naturally, the uterus contracted well, and though the lochiæ were exceedingly scanty, no accident occurred in the puerperal state. The child was born alive, full grown, but extremely thin, and its skin was covered by a thick coating of vernix caseosa. [M. Matthysen erroneously supposes this to be the only case of the kind on record; instead of which many cases have been related since attention was first called to it by Rudolphi.]—*Ibid.*